Assassination Records Review Board
Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10068-10357
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 9
Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 8

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10068-10357

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 12/30/76
PAGES : 9

SUBJECTS :
HSCA, ADMINISTRATION
GOFREY, JANE E.

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/07/93

OPENING CRITERIA :

COMMENTS :
Box #:1.

[R] - ITEM IS RESTRICTED

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane E. Godfrey	December 1, 1978
Employee Social Security Number	**Type of Action**
119-36-4041	☐ Appointment ☒ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business_______________) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
	$23,400.00

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number_______________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 11, 1978

[signature]
(Signature of Authorizing Official)

LOUIS STOKES
(Type or print name of Authorizing Official)

Chairman
(Title – If Member, District and State)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

____
(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:_______________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00 as of __________

ID __________

Benefits __________

Payroll __________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane E. Godfrey	12/31/78
Employee Social Security Number	**Type of Action**
119-36-4041	☐ Appointment ☐ Salary Adjustment ☐ Title Change ☒ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business________) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________ If applicable, Level________ Step_______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date January 2, 1979

____
(Signature of Authorizing Official)

LOUIS STOKES
(Type or print name of Authorizing Official)

CHAIRMAN
(Title – If Member, District and State)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

____
(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00 as of __________

ID __________

Benefits __________

Payroll __________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane E. Godfrey	December 1, 1977
Employee Social Security Number	**Type of Action**
119-36-4041	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Office Manager	$17,100

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 1, 19 77

(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

eb

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:__________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $________.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane E. Godfrey	8/1/77
Employee Social Security Number	**Type of Action**
119-36-4041	☐ Appointment ☑ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Secretary	16,000

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☑ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date August 2, 19 77

[signature]
(Signature of Authorizing Official)

LOUIS STOKES
(Type or print name of Authorizing Official)

CHAIRMAN
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:__________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $________.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane E. Godfrey	5/1/77
Employee Social Security Number	**Type of Action**
119 36 4041	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
	$14,000

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date May 10, 1977 [signature]
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:____________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $______.00

FO 5/11

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
M Jane E. Godfrey	4/1/77
Employee Social Security Number	**Type of Action**
119 36 4041	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
	$26,000

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date April 29, 19 77

[signature]
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:____________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $________.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane Elizabeth Godfrey	1/3/77
Employee Social Security Number	**Type of Action**
119 36 4041	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Select Committee on Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
	$10,000.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 11 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date________________, 1977

____
(Signature of Authorizing Official)

Henry B. Gonzalez
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:____________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $________.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane Elizabeth Godfrey	December 30, 1976
Employee Social Security Number	**Type of Action**
119 36 4041	[X] Appointment [ ] Salary Adjustment [ ] Termination (At close of business on effective date)
Employing Office or Committee	
Select Committee on Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Secretary	$14,000.00

(If Committee Employee, complete appropriate item below.)

1. [ ] Standing Committee: Staff—[ ] Clerical or [ ] Professional.
2. [X] Special or Select Committee: Authority—H. Res. 1540 of 94th Congress.
3. [ ] Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number__________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 23, 1976 ____________________
(Signature of Authorizing Official)

Thomas N. Downing, Chairman
(Type or print name of Authorizing Official)

Select Committee on Assassinations
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:____________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $________.00

Copy for Initiating Office or Committee

M E M O R A N D U M

TO: All Staff Employees

FROM: Budget Officer

DATE: January 3, 1977

RE: Payroll Certification

Starting with the January, 1977 payroll, the certification to the House Finance Office requires, among other things, the relationship, if any, of each staff employee to any current Member of Congress (those taking office January 3, 1977).

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

All staff employees are requested to complete this form and return it to the Budget officer.

Approved
Richard A. Sprague

I am not related ✓

I am related by the following relationship ____________

Jane E. Godfrey
Signature of Employee

10 January 1977
Date